Welcome to the GEM Unit. We hope that you will have an educational and enjoyable experience.

Setup of GEM Unit:
- It is a 10-bed sub-acute ward.
- One to 2 intern(s) from the Cedars and UCLA Internal Medicine Programs rotate in 2-week blocks.
- Each patient is followed by an intern who is responsible for the daily notes, orders, and signing-out to Internal Medicine resident covering the service overnight.
- When fellows cover for interns (weekends, holidays, etc), they must sign out to the Internal Medicine resident covering the service overnight.

These are some general rules which fellows are expected to follow and enforce:

Fellow responsibilities:
1. Please review the GEM Unit Daily Schedule posted in the trainee room (2400 on 2 South).
2. Supervises intern(s) and sees all new consults.
3. Teaches comprehensive geriatric assessment to the housestaff on their first day of the rotation.
4. Fellows must ensure that interns use appropriate note titles and templates as follows:
   a) Progress Note title, Geriatric Medical Assessment for each new admission or transfer to the GEM Unit
   b) Template, Geriatric Discharge Summary which is under the shared templates.
5. Consults should be reviewed on a daily basis and completed within 24 hours.
6. Please actively recruit patients from General Medicine teams if there are any open beds on the GEM Unit. It is important to maintain the full census at all times.
7. To help facilitate throughput in the hospital, fellows must call the hospitalist every weekday (310-403-0739) before attending rounds and give the following information: GEM Unit census, expected admissions and discharges, and pending consults.
8. From time to time patients may be directly admitted from home on an elective basis.
   - “Delayed orders” in CPRS must be completed prior to the patient’s arrival.
   - Coordinate all admissions with the charge nurse.
   - Inform the patient to go to the admissions/discharge area on the first floor of Bldg 500, Room 1123.
9. Comprehensive team meetings are held in Rm 2400 from 2-3 pm every Monday (and on Thursdays if Monday is a holiday).
   - Fellows are responsible for facilitating the team meetings and writing the GEM unit weekly team plan for each patient after the meeting.
   - Use the sign in sheet to identify all team members as additional signers to the note.
8. Discharge summaries must be completed no later than the day of discharge except when patients are discharged to the nursing home, in which case discharge summaries must be completed prior to discharge.
• To complete a discharge summary, click on D/C Summary tab, New Summary tab, select title as discharge summary, type the name of the attending, select the relevant admission date and click ok. Then click on template and under shared templates, click on GEM and choose geriatric discharge summary.

9. Update the discharge log and the daily census sheet regularly. I will review them when I meet with you at the end of your rotation.

10. Weekends and Holidays are divided between the fellow and intern(s) as follows:
   a. If there is one intern, s/he covers one whole weekend.
   b. If there are two interns, each covers one weekend day.
   c. Fellow covers other weekends and holidays. Fellows must round on the GEM Unit on the same weekends when they are on call for the CLC.

11. Please make sure that GEM patients are signed out to the intern on call at the end of the day, particularly on weekends and holidays. When fellows round on weekends and holidays, they are responsible for signing out GEM patients to the on call intern (pg 5851).

Checking GEM Unit Consults:
• Check for new consult daily and complete it within 24 hours (excluding weekends and holidays).

Instructions on checking new consults:
  o Click on “RO1-Vista” icon on computer desktop
  o Log in using the same access/password as for CPRS
  o Type “RACO” at the end of the page (not the end of the computer screen) and press enter. Sometimes, you may have to press enter once or twice to get to the end of the page.
  o Type “STAT” and press enter
  o Type “Geriatrics Inpatient” and press enter
  o Enter “T-7” for consults placed within the last 7 days
  o Press enter 3 times and wait
  o Then scroll up to see the list of new consults.

Completing GEM Unit Consults:
• Conduct a chart review of the consulted patient and assess the patient.
• Using the GEM unit admission criteria determine appropriateness of the patient for acceptance to the GEM unit.
• If complex social issues are involved, consult the GRECC social worker at ext 41668 or pager 5162 before accepting the patient.
• Discuss all new consults with the attending during daily consult rounds.
• Before starting the note, click on the patient location tab in the upper part of the screen just below “help”.
• This will open a new window. Now click on “New Visit” in the middle of the screen.
• Type “WLA-Geriatric Inpt Consult” in the visit location and click Ok. You will notice that the patient location tab will now show INPT.
• Use the note title, “GRECC/Geriatric Inpt Consult – WLA
• Link the note to the consult and identify the attending as the cosigner
• When you attempt to sign the note, it will prompt you to complete the encounter information. Please choose the appropriate visit type and diagnoses, and check the service connection box, if applicable.
• Common geriatric diagnoses are: Asthenia or debility (for deconditioning), gait impairment, falls, incontinence, cognitive impairment nos, dementia, delirium, depression, and medical diagnoses as applicable.
• Notify the consulting team of the patient’s acceptance and coordinate transfers with the GEM Unit charge nurse.

Transferring Patients to the GEM Unit:
• Inform primary team that their team social worker must complete a note titled “LTC form” for the patient prior to transfer.
• Every effort should be made to transfer the patient on the day the patient is accepted to the GEM Unit. However, if that is not possible (should be rare), the patient should be transferred early morning next day.
• Check with the GEM Unit charge nurse for bed availability before transferring patients. This is particularly important for female patients or patients requiring isolation.